| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | TN5707 | A. BUILDING: **03 - WEST TN. TRANS** B. WING _____ | **01/23/2020** |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **AHC WEST TENNESSEE TRANSITIONAL CARE** | **597 WEST FOREST AVENUE JACKSON, TN 38301** |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|---|---|---|---|---|
| N 002 | 1200-8-6 No Deficiencies<br><br>This Rule is not met as evidenced by:<br>.<br><br>A Life Safety Code Survey was conducted by the State of Tennessee Department of Health Division of Health Licensure and Regulations Office of Health Care Facilities on 01/23/2020. During this Life Safety Survey, AHC West Tennessee Transitional Care was found in substantial compliance with the requirements of the Tennessee Rules and Regulations 1200-08-06, Standards for Nursing Homes, and National Fire Protection Association (NFPA) 101 Life Safety (2012 Edition).<br><br>The requirements at 1200-080-06, Standards for Nursing Homes is MET as evidenced by: | N 002 | | |